

APPLICATION FOR REGISTRATION RENEWAL Form #2

Missouri Department of Health and Senior Services
Onsite Sewage Program
Attention: Fee Receipts
P.O. Box 570
Jefferson City, MO 65102-0570
Phone 573-751-6095 Fax 573-526-7377

FOR DHSS USE ONLY
Fee Receipts Transmittal Number:
Date Paid:
Check # and Amount:

Please Print

Non-refundable Application Processing Fee: \$90.00

Application for Registration Renewal as (check one):	ID Number	CEU Credit	
<input type="checkbox"/> Basic OWTS Installer			<input type="checkbox"/> Approved
<input type="checkbox"/> Advanced OWTS Installer			<input type="checkbox"/> Approved
<input type="checkbox"/> Percolation Tester			<input type="checkbox"/> Approved
<input type="checkbox"/> Onsite Soil Evaluator			<input type="checkbox"/> Approved

In order to expedite the issuance of your new identification card and assure correct contact information is listed, please:

- ✓ Enter your ID Number above.
- ✓ Check your continuing education units (CEUs) attached, list any additional courses, and attach documentation.
- ✓ Verify contact information below is correct, make changes accordingly.
- ✓ Sign and date this form.
- ✓ Attach your \$90.00 Non-Refundable Processing Fee (check or money order) and mail to address above.

Name – First	MI	Last	Social Security Number
			-
Mailing Address			Contact Telephone Number
City	State	Zip Code	FAX Number
E-mail Address			Home County (Missouri)

NOTE: The following information will appear with your name on OWTS Registered Professionals Lists

Business Name		Business Phone Number	
Business Address (if different)	City	State	Zip Code
List up to four other counties in which you are available to work. (While you may be available to work in more counties, list four) *			
1.	2.	3.	4.
Check one of the following boxes if you prefer NOT to have your name on OWTS Registered Professionals Lists.			
<input type="checkbox"/> Do not include my name on the INTERNET Lists of OWTS Registered Professionals. (Include it on other published lists.)			
<input type="checkbox"/> Do not include my name on ANY published Registered Professionals Lists. (You will not receive third party CEU Course information.)			
Signature		Date	
		/ /	

*NOTE – There may be additional requirements in order to work in some counties. Check with the county administrative authority.